

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, on the front if space permits.

1. Article Addressed to:

Carmen Carter  
419 Probasco Street, #7  
Cincinnati, OH 45220

2. Article Number  
(Transfer from service label)

7003 1680 0000 0330 3866

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *Carmen Carter* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Carmen Carter* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7003 1680 0000 0330 3866

Domestic Return Receipt

102595-02-M-1540

2. Article Number  
(Transfer from service label)

PS Form 3811, August 2001

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Domestic Return Receipt

102595-02-M-1540